Mr. MacLure named president of NEDH

Mr. Laurens MacLure, chairman of the board at NEDH, has resigned as senior vice president of The Boston Company to become president and chief executive officer of the hospital on June 1. He will succeed Robert D. Lowry, executive vice president, who will retire in the fall after almost 30 years with the hospital, the last 21 of these years in the top administrative post. In the new corporate structure the chief executive officer's title will be president instead of executive vice president, as it has been since 1967. Mr. C. Vincent Vappi, current president, will continue in a voluntary capacity having been elected chairman of the board by the board of trustees.

Laurens MacLure

Mr. MacLure has had 20 years of close, voluntary involvement with the Deaconess as a member of its corporation and board of trustees. He has been assistant treasurer, vice president, president, and for the past three years has served as chairman of the board.

Mr. MacLure has been senior vice president of The Boston Company. Prior to that he was vice president of the Boston Safe Deposit and Trust Company, a subsidiary of The Boston Company, having joined the Trust Company in 1949 after graduating from Harvard College and later attending the Harvard Business School.

"In The Boston Company situation the child gave birth to its parent. Ten years ago Boston Safe was a regional trust company specializing in fiduciary services as trustee and executor. Now there is a parent organization, The Boston Company, that is doing business worldwide," said Mr. MacLure, who was very much involved in the planning of one of the nation's largest money management companies. "We invented the one-bank holding company. Now over half the banks in the United States have followed our example."

A member of the Boston Society of Security Analysts, Mr. MacLure has been very active in civic and charitable organizations. He is treasurer and trustee of the Medical Care and Education Foundation and has been a director and chairman of the finance committee of the Massachusetts Blue Cross. He has been director of the United Community Services of Greater Boston and chairman and vice chairman of the Greater Boston Hospital Council. In addition, Mr. MacLure has been an officer of the Associated Day Care Services, the James Jackson Putman Children's Center, the Cohasset Red Cross Chapter, and the Cohasset Town Advisory Committee.

R. D. Lowry

Mr. MacLure and his wife live in Cohasset with their four children, Allison, 22, Amy, 20, Laurens, Jr., 19, and Henry G. III, 14. Mr. MacLure is as energetic in his spare time as he is during business hours. He enjoys skiing, cruising, and golf.

Besides energy, Mr. MacLure brings to the Deaconess his talent for organization and administration. Because of his close association with the hospital, he is already familiar with many of the employees and members of the medical staff, corporation, trustees, and Friends, as well as with the philosophy of the Deaconess and its unusual and complex structure.

After Mr. MacLure arrives on June 1, Mr. Lowry will gradually phase out of the executive position over the summer and fall, eventually becoming a consultant to the hospital.

Mr. Lowry arrived at the Deaconess almost 30 years ago. For seven months he was assistant to Dr. Warren Cook, the director of the Deaconess, before Dr. Cook promoted him to assistant director. In 1954 Mr. Lowry became the executive director. He remained in that position until the hospital's administration was reorganized and a new top-level executive post was created. In 1967 Mr. Lowry was named

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New England Deaconess Hospital
Boston, Massachusetts

pulse

VOLUME 28 – NUMBER 8 MAY 1975

Dr. Forsham lectures as Joslin Visiting Physician

At a scientific assembly in honor of Dr. Priscilla White's golden anniversary with the Joslin Clinic and the New England Deaconess Hospital, Dr. Peter H. Forsham reported on the effect of a new brain hormone, somatostatin, on diabetes. The Director of the Metabolic Research Unit and Professor of Medicine at the University of California Medical Center in San Francisco was here April 1 as the Second Annual Visiting Physician of the Joslin Diabetes Foundation.

Dr. Forsham said that somatostatin looks promising as a new treatment for diabetes, the first since insulin was discovered more than 50 years ago. He has directed the initial trials with the hormone on both diabetic and nondiabetic volunteers and has found that when somastatin is given in combination with insulin, it lowers the blood sugar levels well below those achieved when insulin alone is used.

Dr. Peter H. Forsham, Second Annual Visiting Physician of the Joslin Diabetes Foundation, lectured at a scientific assembly in the Joslin Auditorium.

The new hormone is currently in short supply and available only for approved research use. It is also too short-acting and must be refined for practical use. But the prospects are excellent that the treatment will be available in a few years.

(Continued on page 4)

Ambulatory Rehabilitation Center initiates Mastectomy Rehabilitation Program and receives United Way grant

Cancer is a collective word for more than a hundred different illnesses. Contrary to public opinion, cancer is treatable and very often curable.

Rehabilitation, as part of the battle patients and doctors fight for recovery, is one of the newer and exciting concepts in health care. The many new types of cancer treatments available today which lengthen survival time bring with them need for coordination of a host of other services to assure patients and their families a satisfying quality of life.

The new Ambulatory Rehabilitation Center at the New England Deaconess Hospital is designed to help patients examine what they need to remain as active as possible during the time of their treatments as well as later on.

Services offered are health education, nutrition therapy, physical therapy, enterostomal therapy, oral and dental hygiene, respiratory therapy, and psychological, social, and pastoral counseling. Speech therapy and esophageal speech training will also be provided for, as will limbs, maxillofacial and breast prostheses, stoma equipment, and vocational planning.

The Center has at the present time three component programs: the Cancer Rehabilitation Unit, the Stoma Rehabilitation Clinic, and the Mastectomy Rehabilitation Program. These are not restricted to Deaconess patients but are open to anyone in the community. The Stoma Rehabilitation Clinic has been in existence for eight years, the Cancer Rehabilitation Unit opened a few months ago.

The Mastectomy Rehabilitation Program, which was initiated in March, offers classes for women or men who have been treated for breast cancer. The one-month long, weekly sessions are held to give the women (or

(Continued on page 2)

Audit-a means of assuring quality care

audit . . . a formal or official examination and verification of books of account (as for reporting on the financial condition of a business at a given date or on the results of its operations for a given period) . . . a methodical examination and review of a situation or condition (as within a business enterprise) concluding with a detailed report of findings . . .

At the Deaconess patient care is being audited. Doctors and nurses, not accountants, are examining and reviewing. And the "books of account" are the patient records.

To assure that patients receive quality care while they are in the hospital, the Joint Commission on Hospital Accreditation requires that physicians and nurses form peer review committees. The Medical Care Evaluation Committee (MCEC) and the Nursing Audit Committee (NAC) were created to satisfy these requirements.

The Nursing Audit Committee has chosen the month of May to inform nurses about the roles they will play in the auditing process. Mary B. Conceison, R.N., M.S., director of professional relations for the Massachusetts Hospital Association, has given a workshop here on April 30 on nursing audit. There will be meetings on each nursing unit to acquaint the staff with the NAC, which is composed of staff nurses, head nurses, faculty, and supervisors.

The Deaconess has always had an excellent reputation for the quality of care given to its patients. Prior to the formation of the auditing committees, the assurance of this care was evaluated at various medical staff committees. Not until NAC and MCEC were created to set formal criteria for quality care could patients be objectively evaluated through the patient record.

"For a long time, nurses informally set criteria that the patient must meet before being discharged. For example, by the time a patient recovering from a myocardial infarction is discharged, the nursing staff should have made certain observations and taken specific actions during the course of his hospitalization and should have taught him how to live optimally with his condition," explains Connie Donovan, R.N., clinical nurse specialist and NAC member. "But there was never any documentation to see that these informal criteria were actually met. The audit now insists that formal criteria be established and that documentation in the patient's medical record be accomplished."

For the past year, NAC and MCEC have been meeting to sort out pertinent criteria for formal documentation of certain illnesses. Although the committees have been meeting separately, the joint Commission on Hospital Accreditation has suggested joint meetings. To start, NAC and MCEC have audited some of the most frequent types of surgical and medical admissions to the Deaconess—cholecystectomy for cholecystitis (gall bladder removal due to inflammation) and acute myocardial infarction. NAC audited for quality nursing care and MCEC audited for quality medical care.

The nursing staff will be wearing these buttons during May, the month chosen by the Nursing Audit Committee to inform nurses about their roles in the auditing process.

While patients are hospitalized, their nursing and medical care are recorded in their records. Upon discharge their charts go to the medical record department where they are analyzed for completeness and accuracy and assembled.

"For each diagnostic group, I go through the chart and see if the criteria for that particular diagnosis were met or not," explains Judy Yard, R.R.A., coordinator of utilization review and patient care evaluation. "Patient management and outcomes are evaluated objectively. If the chart shows any variation to the criteria, it is given to the committees to determine whether there is a variation, deficiency or clinical explanation which would justify the variation."

Dr. John V. Pikula, surgeon and chairman of the MCEC, which is composed of members of the medical staff and administration, feels that quality control is necessary and vital. Ms. Birdie Hanson, coordinator of nursing practice and chairperson of NAC, finds that the audit contributes to the quality of patient care because it makes nurses more aware of their own standards.

"Auditing makes us aware of which observations are essential. The criteria can also be applied by nurses as we give care," commented Kathy Sheridan, R.N., staff nurse in ICU B and NAC member.

Another NAC member, Ann Donahue, R.N., assistant head nurse on Palmer 5, agreed that auditing lets nurses know that they do give quality care. "And it brings to our attention the times when nursing care could be improved."

"How can we set standards to improve if there are no set criteria for comparison? The audit provides a measuring process for nursing care and we can see nursing progress," concludes Ms. Donovan. "More important, the audit formally makes nurses accountable and responsible to the patient. The patient has a right to expect quality nursing care, and the nursing audit assures that this type of exceptional care is given."

Mr. MacLure

(Continued from page 1)

executive vice president of the Deaconess and elected a member of the board of trustees.

Before joining the Deaconess Mr. Lowry was adjutant of hospitals for the U.S. Army. His responsibilities in administration of hospitals in the United States and the South Pacific prepared him for his work at the Deaconess.

As difficult as it is for Mr. Lowry to leave the Deaconess, he is eager to begin his retirement. "In the spring I'm planning a 'wide swing' across the United States. I've driven across the country many times but always under time constraints. Now I'm going to do some extensive visiting – I have friends in 48 of the 50 states."

Of course, Mr. Lowry will be taking his camera. When he returns to Boston, he is going to set up a darkroom and pursue photography in a more serious manner.

He will be spending more time with his sons, Don, David, and Steve, and their wives and his nine grandchildren.

"Then I'll see what social agencies are in need of administrative help and offer my services to one that interests me . . . but only on a part-time basis," added Mr. Lowry.

Ambulatory Rehabilitation Center . . .

(Continued from page 1)

men) an opportunity to share information with others who are living with similar problems, to learn facts, and to mitigate their sense of uniqueness and loneliness. The staff provides prosthetic advice, insurance information, nutritional guidance, hand and arm care, and exercises.

The sessions are conducted by a rehabilitation team: Nancy Rizzo, R.P.T., and Marianne Orchardo, R.P.T., physical therapists; Margaret O'Connell, social worker; Anne McCormack, R.N., and various staff physicians.

The coordinator of the center is Edith Lenneberg. Dr. John L. Rowbotham is the director of the Center; a consulting psychiatrist is also available.

Either the patient or the doctor can initiate a referral to the Ambulatory Rehabilitation Center, which works in cooperation with the physician. The rehabilitation program is offered in addition to treatment, never in place of it. Patients and members of their families may come to the Center for an evaluation of rehabilitation needs.

The Ambulatory Rehabilitation Center offers these community programs as a demonstration of comprehensive planning and rehabilitation for ambulatory patients. A contributing grant of $10,000 to the Center has been made by the United Way of Massachusetts Bay.

Dr. Nicholson honored by International Anesthesia Research Society

Dr. Morris J. Nicholson, anesthesiologist at NEDH and Lahey Clinic, has been honored by the trustees of the International Anesthesia Research Society in its January-February issue of *Anesthesia and Analgesia . . . Current Researches.* Dr. Nicholson was a longtime trustee of the society and at one time associate editor of and contributor to its journal.

The article honoring Dr. Nicholson reveals that as an undergraduate of the University of Maryland he was an All-American lacrosse player. After a few years of playing lacrosse professionally, he changed his direction and enrolled at the University of Maryland School of Medicine. After his internship at the University of Maryland Hospital in 1937, he came to Boston for a fellowship in anesthesiology. Upon completion of his training he joined the Lahey Clinic.

Arriving on the scene when anesthesiology as a specialty was still in its infancy, Dr. Nicholson devoted himself to the administration of anesthesia as well as involving himself in preoperative and postoperative care of patients, blood-banking procedures, and other patient oriented services.

When the concepts of postanesthesia recovery rooms and intensive care areas were new and suspect, he was their enthusiastic supporter, He originally recommended routine cardiac monitoring for all patients during anesthesia and surgery, currently accepted practice. Dr. Nicholson was and still is an innovator and strong proponent of better patient care.

Service award luncheon honors employees

At a service award luncheon held March 19 at the Children's Inn, Executive Vice President R. D. Lowry and Director Richard Lee welcomed service award recipients and members of administration.

After 35 years of service Catherine E. Greenlaw (l.), histology, and Lilla M. Anderson, Cancer Research Institute, are congratulated by Executive Vice President R. D. Lowry (l.) and Director Richard E. Lee.

Robert Tinch, Sr., (center), Cancer Research Institute, blood research, celebrates 25 years of service flanked by Executive Vice President R. D. Lowry (l.) and Director Richard E. Lee. Edlin D. McLean, data processing, and Margaret Middleton, histology, were not available for the photograph.

Honored for 20 years of service at the Deaconess are Emma A. Neenan (l.), nursing service, and Joan C. Miller, IV therapy, with Executive Vice President R. D. Lowry (l.) and Director Richard E. Lee. Mae E. Matayabas, nursing service, could not attend the luncheon.

Ten-year award recipients are: (sitting l. - r.) Everena K. Vose, diagnostic radiology; Constance A. Langone, Cancer Research Institute; and Ethel M. O'Brien, pathology; (standing l. - r.) Roger G. Peterson, laundry; Marie A. Dube, administrative services; William E. Branson, patient service; and Monica M. Sprott, nursing service. Not attending the luncheon were: Constanza Diaz, laundry; Francene E. Holder and Elsie Miller, nursing service; and Marie E. Vorce, building services.

LEFT. *With Director Richard E. Lee (standing left) and Executive Vice President R. D. Lowry (standing right) are fifteen-year service award recipients: (sitting l. - r.) June Forbes, maintenance and engineering; and Hattie M. Crossling and Mary R. Radovich, nursing service; (standing) David M. Colleran, administrative services, and Madelyn L. Celander, surgical services. Thomas A. Cullen, Cancer Research Institute, could not attend the luncheon.*

Five-year service award recipients are: (sitting l. - r.) Denise M. Zimmerman, patient service; Linda A. Murray, administrative services; Janet C. Sargent, hematology; and Jeannine C. Desrochers, chemistry; (standing l. - r.) Larry A. Tempesta, building services; Sante A. Breda, service coordination; Leonard E. Bates, night administration; Jane Galloway, School of Nursing; Frances M. Lipshitz, social service; and Sarah F. McLean, nursing service. Those who could not attend the luncheon were: Ghislaine A. Cazeau, Medical Office Building; Donald R. Cobb, maintenance and engineering; Rose G. Clermy, dietary; Nereida Colon, building services; Eleanor Craig, Lois S. Fogarty, Carol J. Livingston, and John T. McKone, nursing service; Efrain Salgado and Hector M. Salgado, laundry; Louis Silva, night administration; James F. Steele, building services; and Valerie M. Stuger, nursing service.

Five-year service award recipients are: (sitting l. - r.) Arlene M. Hudson, dietary; Sandra Fermano, pharmacy; and Beatrice O'Neil, dietary; (standing l. - r.) Boleslaw Korzec, dietary; Bruce P. Twiss; maintenance and engineering; and Glenn D. Davidson, surgical services.

Army corpsmen join Gallon Club

Each year since 1957 a dozen men from the 373rd General Hospital of the U.S. Army Reserves have been coming to the Deaconess every Monday evening to volunteer as nursing aides. Not only do they give their time, they also give their blood.

On March 24 two corpsmen joined the Gallon Club of the community blood donor program by donating their eighth pint of blood. Herbert Bonney, a junior executive in management training at the New England Telephone Company, and Clayton Ward, a programmer analyst at the Arthur D. Little Company, became the first corpsmen to attain membership in the Gallon Club. Mr. Bonney is a member of the volunteer army and Mr. Ward is in his fifth year as a reservist.

Organized by Mary G. MacRitchie, R.N., an I.V. nurse who also serves as a lieutenant colonel in the Army Nurse Corps Reserves, the program was the first of its kind in New England. Reservists have six months of active-duty training in the medical field before they come to the Deaconess to serve as nursing aides.

Herbert Bonney (l.) and Clayton Ward, corpsmen in the U.S. Army Reserves, each donated his eighth pint of blood to become members of the Gallon Club. Kathleen Harriss, MT (ASCP), medical technologist in the Blood Bank, drew the unit of blood.

EDITH SHEA RETIRES FROM DIETARY. *Edith Shea, an employee of the dietary department for 20 years, retired on April 3 and was honored at a retirement party attended by her friends and family. At her party Richard E. Lee, director of the hospital, presented Miss Shea with a portable television as a gift of the hospital for her many years of service.*

Dr. Forsham . . .

(Continued from page 1)

Dr. Forsham was preceded at the assembly by Dr. Kenneth J. Ryan and Dr. Miles Shore. Dr. Ryan, Chief of Staff at the Boston Hospital for Women (Affiliated Hospitals Center) and Kate Macy Ladd Professor of Obstetrics and Gynecology at the Harvard Medical School, lectured on "Progress in the Obstetrical Management of Diabetic Patients." Dr. Miles Shore, Bullard Professor of Psychiatry at the Harvard Medical School and Superintendent at the Massachusetts Mental Health Center discussed "The Enhancement of Coping and Adaptation in Juvenile Diabetes Mellitus."

Dr. Mary Ellen Avery, Physician-In-Chief of the Children's Hospital Medical Center and Thomas Morgan Rotch Professor of Pediatrics at the Harvard Medical School, lectured on "The Relationship of Maternal Diabetes to Hyaline Membrane Disease in the Infant."

Long-Range Planning Committee meets

The Long-Range Planning Committee has established a policy to publish outlines of its monthly discussions with the intention of keeping employees and staff informed of the hospital's trends and objectives.

The following is a brief account of the February meeting at which Dr. Tullis talked on the subject of fulltime, hospital-based physicians.

On January 1st, Dr. Tullis became full-time Chairman of the Department of Medicine under a plan developed after careful consideration by the Board of Trustees. He will be assisted in his medical practice, now under the aegis of the hospital, by two other full-time hematologists. In addition, three cardiologists have become hospital based, and sub-section chiefs within the Department of Medicine may be invited to do so at a later date.

Dr. Tullis discussed the impact on the practice of medicine at the Deaconess of full-time salaried staff physicians. Although this is a new department in respect to the customary methods of staffing at the Deaconess, he believes that the assets outweigh the potential problems. Among the particular benefits which can accrue are those of financial support for attracting specialists in areas not fully covered at the present time.

Doctors doings...

Dr. F. Henry Ellis, Jr., thoracic surgery, NEDH and Lahey Clinic, spoke on "The Effect of Fundoplication on the Hypotensive Lower Esophageal Sphincter: Mechanical or Physiologic?" at the Dr. C. F. Code Symposium at the Mayo Clinic in Rochester, Minnesota on February 20-23. He lectured on "Gastroesophageal Reflux: Etiology, Diagnosis and Treatment" on March 12 at St. Vincent's Hospital in Worcester. As an examiner, Dr. Ellis participated in the oral examination of the American Board of Thoracic Surgery on March 14-15 in Dallas. He was the principal discussor of a paper on cervical esophageal achalasia at a spring meeting of the New England Surgical Society on April 4 at Hartford Hospital, Hartford, Connecticut. On April 11-13 Dr. Ellis attended the semi-annual meeting of the American Board of Thoracic Surgery and the council meeting of the Society of Thoracic Surgeons in New York City.

* * *

Dr. Charles A. Fager, chairman of the department of neurosurgery at Lahey Clinic, was elected president of the Neurosurgical Society of America at its annual meeting in San Diego on March 12-15. He lectured on "Late Results of Surgical Petuitary Ablation for Diabetic Retinopathy" at the American Association of Neurological Surgeons in Miami on April 6-10.

* * *

Dr. Robert E. Leber, general surgery, gave a lecture on breast cancer to the staff of the American Cancer Society on February 7 in Boston.

* * *

Dr. Cornelius E. Sedgwick, general surgery, NEDH and Lahey Clinic, attended the Puerto Rico Chapter of the American Cancer Society Scientific Meeting and discussed thyroid tumors, hyperparathyroidism, and surgical management of diverticuli at San Juan, Puerto Rico on February 17-22.

* * *

Dr. Robert E. Wise, diagnostic radiology, NEDH and Lahey Clinic, chairman of the board of governors at Lahey Clinic, was elected president of the American College of Radiology at its annual meeting in Portland, Oregon, on March 28 – April 2.

New England Deaconess Hospital
185 Pilgrim Road
Boston, Massachusetts 02215

pulse

The New England Deaconess Hospital is a 482-bed and 16-building complex. Physicians from the Joslin Clinic, the Lahey Clinic, Overholt Thoracic Clinic and the independent medical and surgical staffs serve the needs of their patients at the hospital. The Deaconess is internationally known for diagnosis, treatment and research in brain and chest surgery, cancer, diabetes and general medicine.

PULSE is published monthly by the public relations department of the New England Deaconess Hospital.

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Executive Vice President
Richard E. Lee
Director
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Dorothea Burke
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AUDIT – A MEANS OF ASSURING QUALITY CARE:
See page 2.

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